This application allows the Tax Commission and taxpayer to agree to extend the time to file a claim for refund beyond the current statute of limitations. Approval of this application shall also extend the statute of limitations for audits, adjustments, assessments, and collection of taxes.

The Tax Commission and taxpayer may agree to extend the time to file a claim for refund beyond the statute of limitations. The Tax Commission will determine the length of the extension based on the reason and explanation provided in "Section 3 - Reason for Extension."

Submit this application at least 30 days prior to the expiration of the statute of limitations to allow time for processing.

If your extension is granted, a copy of this application will be returned, showing the length of the extension and signed by a representative of the Tax Commission.

SECTION 1 - General Information								
Taxpayer's name			elephone no.	Contact p	act person/representative's name (if applicable)			Telephone no.
Taxpayer's address				Contact person or representative address				
City	State	Zi	p code	City			State	Zip code
Business name (if applicable)				Business location (address)				
SECTION 2 - Refund Information								
Tax type	type Accoun		ımber	Tax period		Tax period		
Date statute of limitations expires				Estimated amount of refund				
SECTION 3 - Reason for Extension								
Judiciary proceeding pending	Presid	ling court:			Ca	se number: _		
Audit in process State or juriso	diction:				Agency cond	lucting audit:		
Unattainable records Additional time to review records					Unavoidable absence Other			
Explanation: Provide information in the checked above. Also, explain how this					on) that explains	the problem	or issues relat	ed to those items
SECTION 4 - Authorized Signatures	(Both p	arties must s	sign before th	e statute o	of limitations expi	res)		
This application must be signed by the taxpayer. The agent or attorney-in-fact evidence" that the individual is authoriz adjustments, assessments, and collect	must a zed to s	ttach a copy ign and ackr	of the power	of attorne	y, authorizing suc	ch signature.	Any signature	will be "prima-facie
PRINT name of taxpayer or authorized representative				Signature of taxpayer or representative Date sig			Date signed	
Print your title, if this is for a business				Daytime telephone number				
				<u> </u>				

Review this application to make sure you complete all sections. Return or mail to the address below or send by fax to (801) 297-7697. You may also obtain assistance by calling (801) 297-7790.

Utah State Tax Commission, Taxpayer Services Division, Internal Customer Support, 2nd Floor, 210 N 1950 W, Salt Lake City, Utah 84134.

SECTION 5 - For Office Use Only								
PRINT Name, title, and telephone number	er of Tax Commission Represer	ntative						
Signature of Tax Commission representa	tive Date signed	Signature of Supervisor (if applicable)	Date signed					
X		X						
Length of extension granted	This extension is granted from OR	n/						

Instructions to Claim a Refund

This <u>application is NOT your Claim for Refund</u> - it is only an application to receive an extension of time to file a claim for refund. All refund claims must be filed on or before the extension expiration date and include the information listed below and a copy of this approved application.

All claims for refunds must include the following information:

- 1. Requestor's name
- 2. Requestor's account number, social security number, or federal identification number
- 3. Tax paid
- 4. Dates of remittance to the Utah State Tax Commission
- 5. Basis for the refund request

If the claim for refund is Sales Tax related, you must also include the following information:

- 6. Vendor name
- 7. Vendor account number
- 8. Vendor location
- 9. Date of sale/purchase
- 10. Description of item(s) sold/purchased
- 11. Taxable amount
- 12. Basis for exemption from sales and use tax
- 13. Sales tax rate